SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL.

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British Medical Association.

CURRENT NOTES.

Annual Meeting, Glasgow, 1922.

The general plan of the Annual Meeting of the British Medical Association, to be held at Glasgow this summer, is now advanced far enough for us to be able to give some fuller information. The Annual Representative Meeting will open on Friday morning, July 21st, and the Representatives' Dinner will be held that evening. Arrangements have also been made for the entertainment of representatives and their wives on the evenings of Saturday, Sunday, and Monday. The statutory Annual General Meeting will be held as usual on the Tuesday afternoon (July 25th), and in the evening the new President, Sir William Macewen, will receive the foreign guests and representatives of Oversea Branches, and deliver his Address to the Association. When the Annual Meeting was held last in Glasgow, thirty-four years ago, under the Presidency of the late Sir William Gairdner, the Address in Surgery was given by Sir William Macewen.

The nineteen scientific sections will meet for discussion on the mornings of Wednesday, Thursday, and Friday, in the various class-rooms of the University, and on each afternoon a series of demonstrations will be arranged under the general direction of Mr. R. H. Parry. The Pathological Museum, to which reference is made in the Journal this week at p. 204, will be open on the Tuesday and succeeding days; it will be housed in the Anatomical Department. Excellent accommodation for the Annual Exhibition of surgical instruments, appliances, foods, drugs, and medical books, has been secured in the Kelvin Hall, where there will also be an exhibition of the various activities of the Glasgow Public Health Department.

The University Union has been granted for use as a club, and the Queen Margaret Union and Burlington House have been reserved for ladies attending the meeting. The Annual Dinner of the Association will be held in the St. Andrew's Halls on the Thursday evening, and the Popular Lecture will be given on the following evening by Professor J. Graham Kerr.

It will suffice at the present time to indicate that the social programme for members and their friends is being drawn up in accordance with the traditions of Scottish hospitality. It includes receptions by the University, by the Civic authorities, and by the Royal Faculty of Physicians and Surgeons, and a number of garden parties and visits to places of interest. Opportunities will be given for members to visit the various hospitals and medical institutions of the city and its neighbourhood. The annual golf competition for the Ulster Cup will be played over the course of the Glasgow Golf Club at Killermont on July 27th, and the cup will be presented to the winner at the Annual Dinner. Saturday has been set apart as usual for excursions. No doubt these will include a cruise round the Firth of Clyde, and trips to the Trossachs, Loch Lomond, and Ayr. An historical and descriptive *Book of Glasgow* is in course of preparation, under the editorial direction of a Publishing Committee.

Oversea Branches at Work.

The Home Divisions and Branches of the Association will have to look to their laurels. Reports are being received by the Council from the Oversea bodies as to their work in the year now closed. Among the first arrivals is a copy of the annual report of the Council of the Queensland Branch. The Branch membership has increased, and ten ordinary and three special meetings were held. The subjects dealt with included the Model Lodge (Friendly Societies) Agreement, the attitude of the Branch towards the Australian Natives' Association, and many clinical subjects; a combined meeting was held with the local Pharmaceutical Society, and there was a Branch dinner. Many interesting papers were read and cases and specimens exhibited, and a lantern and screen have been installed. The Branch Council held eighteen meetings. The Branch appointed a committee to consider the claim for an award by the Queensland Nurses' Association in the Arbitration Court, this committee to work in conjunction with the Australasian Trained Nurses' Association; as a result of these combined efforts the final award was materially better than the original proposal. Action was taken by the Branch in connexion with a number of public health matters, including resolutions urging provision of measures for the prevention of typhoid and other diseases, and prohibition of the use of paint containing lead on verandah railings and other outdoor surfaces exposed to the hands of small children. A permanent Public Health Subcommittee of the Branch has been appointed. With a record of valuable work in 1921, the Malaya Branch sends a copy of the programme of the annual meeting of the Branch to be held in 1922. Among the matters down for consideration are the Branch library, publication of the Branch transactions, many clinical papers, an expedition to various points of medical and sanitary interest in Singapore, a golf competition open free to all members, and a Branch dinner.

Remuneration of Public Health Officers.

Two cases of successful action by the British Medical Association in maintaining its policy as regards remuneration for public health officers have recently occurred in Kent. In December last the borough of Bromley submitted an advertisement for insertion in the British Medical Journal for an assistant school medical officer, offering a salary of £450 per annum. About the same time the Beckenham Education Authority tendered an advertisement for an officer to an ophthalmic clinic offering 1½ guineas per session, whereas the Association's minimum is 3 guineas. Both advertisements were refused on the ground that the remuneration offered did not come up to the Association's minimum. It is gratifying to be able to record that both these authorities, on learning that the remuneration they were offering did not come up to the standard laid down by the organized body of the medical

profession, displayed a commendable willingness to meet the views of the Association. In each case an amended advertisement offering the Association's minimum salaries was tendered and published. The council of the borough of Bromley and the Beckenham Education Committee are to be congratulated on their evident desire to give fair remuneration to their medical officers.

National Insurance Defence Trust.

The annual Conference of Local Medical and Panel Committees, held in October, 1921, passed the following resolution, on the motion of West Suffolk:

"That it be an instruction to the Trustees of the National Insurance Defence Trust to again inform all Panel Committees of the annual subscription required from them to put the Trust on a sound footing."

The discussion that ensued showed an increasing sense on the part of members of the Conference of the importance of the Trust, and a greater disposition on the part of some committees, hitherto hostile or indifferent, to recognize their duty towards it. A current circular (M.36, 1921–22) states that recent events have convinced the Insurance Acts Committee that the time is bound to arrive when a large sum of money in defence of the interests of insurance practitioners will be required. Changes have been made in the Regulations and in the remuneration of insurance practitioners which have caused much feeling and resentment, but none of these changes has been felt to be of such importance as to warrant the great bulk of insurance practitioners refusing service. But Government departments are inclined to increase restrictions and to impose their ideas of what is right and proper, and the profession may expect a time to come when the increase of red-tape restrictions, or a desire to economize at the expense of the profession, will so arouse the average practitioner that the majority will be willing at all risks to refuse service unless the objectionable conditions are withdrawn. It may be surmised that at the end of two years the profession may have to make up its mind whether it will make a stand against further encroachments or not. The Insurance Acts Committee believes that a factor which will decide many insurance practitioners as to their action, when that time comes, will be the existence or otherwise of a very substantial fund. The Trustees, therefore, appeal with confidence to every Panel Committee that is not at present fully supporting the Trust to do so. A heavy responsibility rests on such Committees, because their want of support of the Trust may practically condemn insurance practitioners in advance to a permanent policy of inaction, whatever injustices may be inflicted upon them. If, on the other hand, every Committee, beginning with 1922, would pay its quota into the Trust, by the time the period for revision of the capitation fee comes there would be a reserve of about £65,000. With such a sum in hand the Insurance Acts Committee would have much more confidence in recommending a bold course, and many a timid practitioner would be encouraged to throw in his lot with the rest, whereas, in the absence of a substantial fund, he might refuse to do so. As the Trustees are anxious that the subject of this circular should be fully discussed by all Panel Committees, the Medical Secretary will, on request, forward to secretaries as many copies as may be desired for issue to their constituents.

Willesden Health Policy.

The recent correspondence between the British Medical Association and the Minister of Health, in regard to the medical services of the Willesden Urban District Council, was printed in the SUPPLEMENT of January 21st, 1922, p. 14. The honorary secretary of the Willesdon Division of the British Medical Association, Dr. William Paterson, has since addressed a letter to the Ministry of Health pointing out that there was no reference to school children clinics in the Ministry's letter of January 12th. The question was asked by Dr. Paterson whether it would be correct to assume that these clinics were covered in the reply. The following letter has now been received from Sir Arthur Robinson, secretary of the Ministry:

Ministry of Health,
January 23rd, 1922.

Dear Sir,

I had your letter of the 18th of January. The principles laid down in my letter to Dr. Cox apply to school clinics, and the local authority has been so informed by the Board of Education. The documents enclosed with your letter have been laid before the Minister.

Yours very truly,
W. ARTHUR ROBINSON.

Association Notices.

TABLE OF DATES.

Feb. 11, Sat.	Last day for receipt at Head Office of Nominations, by not less than 3 members, for election of 7 Members of Council for 1922–23 by grouped Oversea Branches.
Feb. 15, Wed.	Council Meeting, 429, Strand, at 10 a.m.
Mar. 15, Wed.	Branch Reports for 1921 due to Head Office on or before this date.
April 1, Sat.	Nomination papers available at Head Office for election of 24 Members of Council for 1922–23, by grouped Home Branches.
April 26, Wed.	Council Meeting, 429, Strand, at 10 a.m.
April 29, Sat.	Last day for receipt at Head Office of Independent Motions for Annual Representative Meeting Agenda.
May 6, Sat.	Annual Report of Council appears in SUPPLEMENT.
May 8, Mon.	Last day for receipt at Head Office of Nominations, by a Division or not less than 3 Members, for election of 24 Members of Council by grouped Home Branches for 1922–23.
May 13, Sat.	Publication in SUPPLEMENT of list of nominations for election of 24 Members of Council by grouped Home Branches for 1922–23.
	Voting papers for election of 24 Members of Council by grouped Home Branches posted from Head Office to Members of groups where there are contests.
May 27, Sat.	Last day for receipt at Head Office of voting papers for election of 24 Members of Council by grouped Home Branches. (Where there are contests.)
June 3, Sat.	Publication in SUPPLEMENT of results of Council elections by grouped Home Branches.
June 10, Sat.	Nomination papers available, at Head Office, for election of 12 Members of Council by grouped Home Representatives.
June 14, Wed.	Council Meeting, 429, Strand, at 10 a.m.
June 23, Fri.	Last day for election of Representatives and Deputy-Representatives.
June 24, Sat.	Supplementary Report of Council appears in SUPPLEMENT.
June 30, Fri.	Last day for receipt at Head Office of notification of election of Representatives and Deputy-Representatives.
July 7, Fri.	Last day for receipt at Head Office of Amendments and Riders for Annual Representative Meeting Agenda.
July 21, Fri.	Annual Representative Meeting, Glasgow, 10 a.m.
	Nominations for election of 12 Members of Council by grouped Representatives to be received (at Annual Representative Meeting, Glasgow) by this date.

SUGGESTED CHANGES OF AREAS.

Mid, North, and South Staffordshire Divisions of Staffordshire Branch; Derby Division of Midland Branch; Walsall Division of Birmingham Branch.

NOTICE is hereby given to all concerned of the following proposals made by the Mid-Staffordshire Division:

(i) That the County Borough of Burton-on-Trent and the Rural District of Tutbury be transferred from the Mid-Staffordshire Division of the Staffordshire Branch to the Derby Division of the Midland Branch.

(ii) That the area of the existing Walsall Division of the Birmingham Branch (comprising the County Borough and the Rural District of Walsall) be incorporated in the Mid-Staffordshire Division.

(iii) That the Municipal Borough of Stafford, the Urban District of Stone, the Rural Districts of Blore Heath, Gnosall, and Stafford, and those portions of the Rural Districts of Stone and Uttoxeter now within the area of the Mid-Staffordshire Division, be transferred to the North Staffordshire Division.

(iv) That the Urban District of Darlaston be transferred from the area of the South Staffordshire Division to that of the Mid-Staffordshire Division.

Written notice of the proposal has been given to the Divisions and Branches concerned, and the matter will be determined in due course by the Council. Any member affected by the proposed change and objecting thereto is requested to write, giving reasons therefor, to the Medical Secretary, 429, Strand, W.C.2, not later than March 4th, 1922.

BRANCH AND DIVISION MEETINGS TO BE HELD.

BIRMINGHAM BRANCH: COVENTRY DIVISION.—A meeting of the Coventry Division will be held at the Coventry and Warwickshire Hospital on Tuesday, February 7th, at 8.30 p.m. Agenda: Address by Dr. Douglas Heath on "Recent advances in dermatology." Annual report and balance sheet. Correspondence.

DORSET AND WEST HANTS BRANCH: WEST DORSET DIVISION.—A meeting of the West Dorset Division will be held (by kind permission of the Committee) at the Dorset County Hospital, Dorchester, on Wednesday, February 8th, when Dr. J. S. Fairbairn (London) will give a British Medical Association lecture, entitled "What disability is caused by and what treatment is required for uterine displacement?"

EAST YORKS AND NORTH LINCOLN BRANCH: EAST YORKS DIVISION.—A meeting of the East Yorks Division will be held at Hull, on Friday, February 10th, when Sir Frederick Mott, F.R.S., will deliver a British Medical Association lecture on "The reproductive organs in relation to mental disorders."

EDINBURGH BRANCH.—The winter clinical meeting of the Edinburgh Branch will be held in the Royal Infirmary on Friday, February 17th. All members of the profession are cordially invited. The Museum will be open from 11 a.m. Arrangements will be made for holding special clinics during the forenoon. The clinical meeting will be held at 3.30 p.m. Those who have patients, specimens, etc., to show are requested to communicate with Dr. John Eason, 35, Melville Street, not later than February 6th. Dinner at 6.30 p.m. in the Caledonian Station Hotel; morning dress; dinner ticket, 10s. 6d. Members of the Branch are requested to notify the hon. secretaries not later than February 13th whether or not they intend to be present.

METROPOLITAN COUNTIES BRANCH: HAMPSTEAD DIVISION.—A meeting of the Division will be held at the Hampstead General Hospital on Thursday, February 9th, at 8.30 p.m. A paper will be read by Dr. E. W. Goodall, O.B.E., entitled "Some observations on the nervous group of the acute infectious diseases." Coffee. *Note.*—At the Division meeting held on January 12th it was resolved to send a donation from the Hampstead Division to the Wood-Hill Fund. Members are therefore invited to send contributions from 5s. upwards towards the fund to the Honorary Secretary of the Division. All contributions will be acknowledged.

MALAYA BRANCH.—Meetings of the Malaya Branch are held in Singapore on the third Thursday of each month. Members desiring to contribute papers are requested to communicate with the honorary secretary, Dr. J. W. Scharff, care of Port Health Office, Singapore. Arrangements can be made for the exhibition of specimens or cases of interest brought to the meetings.

MIDLAND BRANCH: CHESTERFIELD DIVISION.—The annual dinner of the Chesterfield Division will be held at the Falcon Restaurant, Low Pavement, Chesterfield, on Wednesday, February 8th, at 8 p.m. Amongst those present will be: Dr. Wallace Henry, Chairman of Representative Meetings; Major-General Sir Richard Luce, K.C.M.G., C.B., Member of Council; and Dr. Alfred Cox, O.B.E., Medical Secretary. At 9 p.m. Dr. Cox will speak on "How the British Medical Association could be made more useful to the medical profession." Questions will be invited after the address. Any member of the profession welcomed (whether of the British Medical Association or not). Tickets for the dinner, 12s. 6d. without wine, may be obtained from the Honorary Secretary, Dr. Pooler, Stonebroom, Alfreton.

SURREY BRANCH: KINGSTON-ON-THAMES DIVISION.—A general meeting of the Kingston-on-Thames Division will be held at Surbiton Hospital on Tuesday, February 7th, at 8.45 p.m., when Mr. Joseph Cunning, F.R.C.S., will give an address on "Some Conclusions in Abdominal Surgery."

SUSSEX BRANCH: HASTINGS DIVISION.—A meeting of the Hastings Division will be held at the East Sussex Hospital on Tuesday, February 7th, at 8.30 p.m. (1) A paper will be read by Mr. Douglas Drew on "Modern Treatment of Prolapsus Uteri." (2) Dr. G. Lock, J.P., will give a demonstration of lantern pictures of fractures. (3) An appeal for the Wood-Hill Fund will be made.

Meetings of Branches and Divisions.

QUEENSLAND BRANCH.

THE annual report of the Council of the Queensland Branch for the year ended November 19th, 1921, together with the balance sheet and statement of accounts, has been circulated as a printed document. The membership of the Branch increased slightly, and was 308 at the end of the period under review.

Meetings.

Ten ordinary monthly meetings and three special meetings were held by the Branch, the average attendance being twenty-eight. A clinical meeting was held in May at the Hospital for Sick Children, and another at Ipswich; on each occasion the local members entertained the visitors to dinner. At the July meeting a paper of medico-legal interest was read by a barrister, and in November a combined meeting was held with the Pharmaceutical Society. In all twelve papers were read before the Branch, and many interesting cases and specimens were shown at the various meetings.

A special Branch meeting was called to consider the changes proposed in the model agreement with friendly societies and lodges. Following a decision to raise the scale of fees, a conference was held with the Associated Friendly Societies, and at a subsequent special meeting a schedule of terms was agreed to.

Council Work.

During the year the Council held eighteen meetings; the figures of attendance at Council meetings show a highly creditable record. As in previous years a considerable part of the Council's time was occupied with matters on which its intervention was requested, particularly in respect of country hospitals. It is encouraging to note that such intervention by the Council is becoming more and more effective, and its assistance and advice has on several occasions been invited by hospital committees and others with a view to a satisfactory solution of difficulties.

Plague.

Some reference to the recent outbreak of plague in Queensland was made in a Current Note in the SUPPLEMENT of January 7th, 1922 (p. 2). The Council of the Queensland Branch reports that, recognizing that this is a matter in which the profession should be concerned collectively as well as individually as practitioners, it has, through the Public Health Subcommittee or directly, taken the following action:

1. Interviewed the Minister and from time to time communicated with the Commissioner of Health and the Chief Quarantine Officer, recommending various lines of action.
2. Issued to members in the towns likely to be affected a memorandum dealing with the medical aspects and to the public press a memorandum on the etiological features of the disease as it affects citizens.
3. Accepted the invitation of the Prime Minister that the President of the Branch should represent the medical profession of Queensland at the inter-State conference on plague.

Museum.

Efforts have been made to find a suitable place for the housing of the museum specimens of the Branch; meanwhile the work of mounting goes on. The war museum specimens are being taken over from the University for safe custody until such time as a medical school is established.

METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.

A MEETING of the Lewisham Division was held at Farnboro House, Kirkdale, Sydenham, on January 24th, when Dr. G. W. CHARSLEY occupied the chair.

Dr. B. A. RICHMOND, Regional Medical Officer, gave an address on developments in the insurance medical service. He described the duties of regional medical officers, and showed how they acted as guides and friends to practitioners on the panel. The attitude of the society officials was antagonistic to the doctors, as they did not understand the professional man's point of view. He explained the new certification rules, and gave the reasons which caused them to be introduced.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION.

A MEETING of the Division was held on January 17th at St. Andrew's Parish Hall, Willesden Green.

Willesden Health Policy.—The meeting considered (*a*) the reply of the Willesden Urban District Council of December 21st, 1921, to the memorandum upon its health policy, approved at the meeting of the Division, and (*b*) the draft reply to the foregoing prepared by the Executive Committee, copies of which had been circulated to every member. After discussion it was resolved that the memorandum be approved and sent to the Willesden Urban District Council, and that copies be forwarded to the head office, the Ministry of Health, and the press. Attention was drawn to (*a*) the recent Memorandum 272, December 29th, 1921, of the Ministry of Health to local authorities, drawing attention to the necessity for economy in the matter of expenditure upon maternity and child welfare work, and (*b*) reply of the Ministry dated January 12th, 1922, to the letter of the Council of December 19th, 1921, upon the Willesden position, both of which appeared in the SUPPLEMENT of January 21st. A further letter, dated January 6th, was received from the clerk to the Willesden Urban District Council, in reply to the letter of the Division, dated December 29th, 1921 (p. 6, SUPPLEMENT, January 7th, 1922), to the effect that the medical officer of health had reported that he had prepared two schemes for discussion with the Division, providing for the entry of local practitioners into this work of the local clinics, and that it now awaited any proposals which the Division might make in accordance with par. 18 of its previous letter of December 21st.

Municipal Elections.—It was reported that at a meeting of the practitioners of Harlesden a committee was appointed for the purpose of selecting medical candidates for the municipal elections, and that a guarantee fund to assist in defraying election expenses of approved medical candidates had been opened. It was decided to approve the action taken and to support the candidature of Drs. Skene, Lock, and Muller. It was left to the Chairman and Honorary Secretary to endeavour to arrange in the various wards meetings of the local practitioners with a view to securing further medical candidates.

Insurance.

THE MILEAGE GRANT.

THE circular letter from the Ministry, dated December, 1921, concerning the Mileage Fund for 1921 and 1922, was considered by the Insurance Acts Committee on Thursday, January 26th. The Committee at the same time had before it a Memorandum which had been drawn up by those members of the Distribution Committee appointed by the Minister of Health who are members of the Insurance Acts Committee. After full consideration of the whole question the Insurance Acts Committee approved the Memorandum and instructed the Medical Secretary to forward a copy to the Ministry with a request that the report of the Distribution Committee should be made public. The Ministry has acceded to this request, and the Report is printed below.

The Insurance Acts Committee is meeting the representatives of the Ministry on Thursday, February 2nd, and as soon as possible thereafter Panel Committees will be advised of the action which the Insurance Acts Committee proposes to take in the matter.

MEMORANDUM ON MILEAGE FUND FOR 1921.

The publication of Mr. Harris's circular foreshadowing a reduction in the Central Mileage Fund for 1921 and 1922, before that of the Report of the Mileage Committee explaining the reasons for the reduction, may be expected to cause some apprehension amongst rural practitioners.

This is especially the case as the statement of Sir Alfred Mond that mileage would not be interfered with has been interpreted to mean that the amount of the fund would remain at £300,000 as it was in 1920. His considered statement was that the principles or basis of assessment of the Mileage Fund would remain the same, and the report of the Committee which was sitting at the time will be found to show that the same methods which led to the *estimation* of £300,000 from the very insufficient data that were available for 1920, now lead by close *calculation* from definite recorded statistics to an assessment at a figure for 1921 lower by somewhere about 15 per cent.

That the Treasury will submit the allowance of 1s. 1½d. per mile actually travelled to reconsideration for 1923 goes without saying. It is made up of complex considerations of the cost of travelling by different methods and of the value of time; and is moreover a compromise figure, probably too low for the beginning of 1921 and possibly (as costs are falling) too high for the end of 1922. The other basic factor—the total number of miles actually travelled throughout England and Wales in visiting insured persons—may also have to be revised; the twelve months covered by the returns happened to be unusually light as regards work. If the methods of the Committee are sound and the data as accurate as can be obtained the result arrived at must be a fair assessment. The rural practitioner will expect no more, and it may be assumed will accept no less.

The reduction of the "reserved portion" of the Central Fund for special payments to areas of exceptional difficulty does not seem so easy to justify. It is hardly the case that "the basis of assessment of this part of the Fund is directly referable to the basis upon which the main portion of the Fund is calculated." These payments were assessed on special reports of medical Commissioners, who visited each locality and reported upon a variety of conditions, such as mountains, footpaths, impassable roads, tidal estuaries, liability to be snowed up, and so forth. The travelling expenses of a practice in such localities do not vary with the mileage to anything like the same degree as in ordinary districts, and if the reduction of this portion of the Fund is based upon the recommendation of the report considerable criticism may be expected.

LETTER FROM THE MEDICAL SECRETARY TO THE SECRETARY OF THE MINISTRY.

28th January, 1922.

SIR,

Reduction in Mileage Grant.

My letter to you of the 19th inst., asking if it was the intention of the Ministry to publish the Report of the Distribution Committee dealing with the question of mileage, was before the Insurance Acts Committee at its meeting on the 26th inst. The Committee regretted the Ministry had not been able to reply to that letter, as, in its opinion, the matter concerned is one of great urgency.

The feeling of rural practitioners under the Insurance Acts is so intense on this matter, and those practitioners who were put on the Distribution Committee specially to represent rural insurance practitioners are being asked so many questions, and subjected to so much criticism, that the Committee feels it is essential that the Report should be made public. It feels this so strongly that it instructs me to say that, failing the decision of the Ministry to publish the Report or to give us a copy which we may publish, it must reserve its right to publish at any rate that portion of the Report which will show that so far as the "reserve portion" of the Mileage Fund is concerned the promise of the Minister that "the arrangements in force now regarding mileage and things of that kind should remain in force as in the past" has not been adhered to.

If it be possible to furnish a copy of the Report for publication in the BRITISH MEDICAL JOURNAL next week (in which case it should be in my hands not later than Monday next) the Committee will be very grateful. If this be not possible it is hoped that the Minister or his representatives will be prepared to make a statement on the matter to the deputation on Thursday next.

I am, Sir, your obedient servant,

ALFRED COX,
Medical Secretary.

REPORT OF THE DISTRIBUTION COMMITTEE.

TO THE RIGHT HON. SIR ALFRED MOND, BART., M.P., MINISTER OF HEALTH.

SIR,

The Committee appointed to advise as to the basis on which and the proportions in which the funds available for the remuneration of insurance practitioners for the treatment of insured persons and for mileage should be distributed amongst the Insurance Committee areas in England and Wales, beg to submit the following Report:

PART I.

DISTRIBUTION OF FUNDS AVAILABLE FOR TREATMENT.

In accordance with the recommendation in paragraph 6 of our report of the 30th December, 1920, we have re-examined the provisional distribution of the Central Practitioners' Fund for 1921, appearing in Appendix I to that report, and submit the revised distribution of the Central Practitioners' Fund for that year which appears in Appendix I to this Report.

The revised apportionment has been prepared on lines practically identical with those adopted in the case of the revised apportionment for the year 1920, the actual data now available in respect of the year 1921 being substituted for the estimates necessarily adopted for the purpose of the provisional apportionment for that year.

In preparing this apportionment allowance has been made, as in the case of the final apportionment for 1920, for the adjustments in the Index Registers which have been made as a result of the Central Clearance operations of the Ministry, to which reference was made in paragraphs 4 and 5 of our report of December 30th, 1920.

The apportionment of the Fund for 1922 has been considered on similar lines to those adopted for the provisional apportionment of the Fund for 1921, and the tables which are set out in Appendix II represent, in our view, the basis on which the respective shares of the several Committees should be calculated.

In the course of the re-examination of the distribution for the year 1921, it was observed that, though in a few areas there were considerable variations in the quarterly counts of the Index Register, on the whole the fluctuations in the Registers consequent on the war disturbances were not nearly so marked as in the year 1920.

We understand, however, that owing to the economic and other disturbing causes it has been found impracticable for the Ministry to make a final determination of the Central Practitioners' Fund for the year 1922 at the present time, and that the assessment of the fund which has just been made is provisional only and will be reviewed towards the end of the year. In these circumstances, and having regard to the fact that some fluctuation in the registers may result from the same causes, we recommend that the distribution for the year 1922, set out in Appendix II to this report, be regarded as provisional and be reviewed towards the end of that year.

PART II.

CENTRAL MILEAGE FUND.

In the second part of our terms of reference we are asked to advise as to the distribution amongst Insurance Committee areas of the funds available for the remuneration of insurance practitioners for mileage.

We also understand that the Ministry would be glad to consider any further recommendations which the Committee may wish to make with regard to the basis on which the Fund itself should be constituted.

Constitution of the Fund.

For the reasons mentioned below the initial assessment of the Fund was necessarily tentative, and the previous deliberations of the Committee were addressed more particularly to the question of the distribution among Committees of the sum available.

In the first Report of the Committee reference was made to the difficulties experienced in making an accurate assessment of the Central Mileage Fund on the slender information then available to the Committee, and paragraphs 33 and 34 of the Report contained a strong recommendation that records, on which a more satisfactory assessment could be based, should be obtained from certain classes of insurance practitioners.

These records, covering roughly the period from May, 1920, to April, 1921, have now been considered by the Committee, together with the returns obtained from Insurance Committees for the purpose of the distribution of the main portion of the Central Mileage Fund for 1920 (as recommended in paragraph 35 of the first Report). The records of travelling have been kept by nearly 750 doctors engaged in rural or semi-urban practice, and show (*a*) the total number of miles travelled by the doctor in the period covered by the records, and (*b*) the total number of visits paid, to insured patients and to uninsured patients respectively, in the same period. The returns obtained for the distribution of the Central Mileage Fund show the aggregate number of insured persons on the lists of doctors claiming mileage who are resident at a distance of more than two miles from the doctor's residence, and also the distribution of this total between the various distances of 2–3, 3–4, etc., miles from the doctor. Other records, in the possession of the Department and furnished by the Department to the Committee, show in addition the total number of insured patients on the list of these doctors, including patients at a distance of less than two miles from the doctor, and provide thus information as to the number of patients within the two miles.

For the purpose of considering the future assessment of the Fund it appears advisable that records of the number of visits paid to insured persons in a period of twelve months should be obtained, for 1921 and subsequent years, from a representative selection of rural doctors, including preferably some of those doctors by whom records on Forms 211/I.C. were kept.

It is clear from the figures of the numbers of insured persons at different distances from the doctor that the sample practices, mentioned in paragraph 28 of the First Report, did not fairly represent the average rural practice, but rather a type of rural practice in which the amount of travelling required was above the normal. Allowance had been made by the Committee for this possibility, but the information now available shows that the allowance made was insufficient, and that in consequence the total number of rural insured persons in England who are resident at a distance of more than two miles from their doctor was over-estimated.

We have proceeded accordingly to a fresh consideration, in the light of the further information before the Committee, of the principles upon which the assessment of the Mileage Fund should be based. The main steps in this assessment are three in number:—

(1) Determination of the payment per mile to be made in respect of (*a*) time spent in travelling, (*b*) costs of travelling.

(2) Determination of the total number of miles travelled in the year by doctors entitled to claim mileage.

(3) The deduction to be made from this total in view of the fact that a certain payment for distance travelled and time spent in travelling is included in the ordinary capitation fee for treatment.

Of these three steps, the first is not affected by the statistics of travelling now available, but it appeared to us desirable to consider afresh the whole process of assessment, in case any alteration of circumstances might have affected the suitability of the rates upon which our previous recommendation was based. After full consideration we concluded that the rates of payment for each mile travelled by a rural practitioner in excess of the travelling which attendance on his patients under urban conditions might require could properly be slightly increased under both heads; and that a payment of 1s. 1½d. for each such additional mile would be a proper compensation for the extra cost of travelling and for the extra time occupied in travelling. Of this total, 7d. represents payment in respect of the additional cost of travelling, and 6½d. represents payment in respect of the additional time occupied in travelling. At an average travelling speed of fifteen miles per hour, the latter figure provides remuneration at the rate of approximately 8s. per hour. This figure is not proposed by the Committee as representing the value of the professional services of a medical practitioner, but is considered as affording a reasonable rate of remuneration in respect of the additional time occupied in travelling.

In dealing with the second stage of the assessment—the estimation of the total number of miles travelled by doctors entitled to claim mileage—we encountered a difficulty which, in our opinion, is inherent in the nature of the problem. The practices of the doctors by whom records of travelling were kept in the course of last year form, in our view, an accurate sample of the rural and semi-rural practice of the country, but it is clear that the average number of miles travelled in the year per insured patient by the doctors by whom these records have been kept is greater than the average number of miles per insured patient travelled in the year by all doctors entitled to claim mileage. This arises from the fact that claims for mileage are made (and can quite properly be made) by doctors the major portions of whose practices are urban in character, but who have made claims in respect of a few insured persons on their lists who reside in areas in respect of which mileage is properly payable. This factor increases unduly the total number of insured persons on the aggregate lists of all doctors claiming mileage, while increasing the total travelling outside urban conditions by comparatively an inappreciable amount. Although the total number of miles travelled in the year for all doctors claiming mileage cannot for this reason be calculated from the number of miles travelled per insured patient by the doctors who have kept records, we are satisfied from an inspection of the figures which we have had before us that a calculation based on the miles travelled per insured patient beyond two miles by the doctors keeping records, the number of units credited to these doctors, and the number of units credited to all doctors claiming mileage, will give, with sufficient accuracy, a measurement of the total travelling done by all such doctors.

Particular attention was given to the question of the proportion of the total travelling done by rural doctors in the course of the year which can properly be considered as additional to the travelling which would be required in connexion with the treatment of the same patients under the conditions of urban practice. As a preliminary step, the number of miles travelled by the doctors engaged in rural or semi-rural practice, in attendance upon their patients within two miles, was estimated. This mileage is clearly dependent upon the average distance from the doctor of the patients within the two mile radius. The figures before us enabled us to determine this average distance with, we are satisfied, substantial accuracy, and as this figure is based on the returns obtained from Committees in respect of all doctors claiming mileage (including those referred to in the previous paragraph whose practices are mainly urban in character), some allowance is thus automatically made for the fact that the patients composing a typical urban practice will on the average be appreciably nearer the residence of the doctor than those patients in a rural practice who are within the two mile radius. After consideration of this aspect of the matter we decided to make a further allowance for this factor, which in our opinion results in such a deduction from the total mileage travelled as represents with sufficient accuracy the amount of travelling which can properly be considered as covered by the ordinary capitation fee.

In this portion also of the assessment it was clear from the figures before us that, owing to the absence of any satisfactory data, we had, in our original assessment of the Central Mileage Fund, made too large a deduction for the travelling covered by the capitation fee—that is, that the number of "additional" miles to be paid for had been underestimated. The effect of this amendment may be roughly illustrated as follows:

[*] The average number of miles travelled per day by each of the doctors by whom records have been kept is about twenty. On the basis on which our original assessment was made, roughly 45 per cent. of this travelling would be considered as covered by the capitation fee for treatment, and roughly 55 per cent. as ranking for payment from the Mileage Fund. The basis now recommended would result in 35 per cent. only of the total being considered as covered by the capitation fee, the residue of 65 per cent. ranking for additional payment.

It should be pointed out that the above figures cannot

properly be interpreted as an estimate of the actual amount of travelling done per day in the average urban practice. The conditions of urban and rural practice differ in so many aspects that the mere subtraction of the daily mileage covered in the average urban practice from that covered in the average rural practice of the same number of patients would not necessarily be an accurate foundation on which to base an estimate of the additional payments to be made to the rural practitioner.

The Committee's Recommendations.

The Committee recommend therefore:

(1) That the total number of miles travelled in the year by practitioners claiming mileage should be estimated from the known figure of the number of miles travelled in the year by the practitioner by whom records have been kept, by comparing the "units" credited to those practitioners with the aggregate of the units credited to all practitioners claiming mileage.

(2) That the deduction to be made from this total mileage in respect of travelling covered by the capitation fee for treatment should be in the proportion shown as the result of the revised basis mentioned in paragraph 20 above [marked with an asterisk].

(3) That the payment made for each of the residual miles, not covered by the ordinary capitation fee, should be at the rate of 1s. 1½d. per mile for the years 1921 and 1922.

Distribution of the Fund.

The records of travelling do not give any definite information as to the equity of the distribution of the main portion of the Fund between Committees, the basis adopted for the year 1920. On the other hand, there is no evidence of inequitable distribution, and it must be borne in mind that, though there are certain obvious disadvantages in the "unit" basis of distribution (in particular, the large amount of detailed work required in the preparation of the necessary returns) it has not yet been found possible to devise any satisfactory alternative system.

We recommend, therefore, that, as sufficient experience of the results of the basis of distribution previously adopted has not been obtained to justify any modification of the method, the distribution of the main portion of the mileage fund pool among Insurance Committees should for the present be made on the basis of the units credited to practitioners in the areas of those Committees in the manner indicated in paragraph 35 of the first report of the Committee, and that for the purpose of this distribution the revised particulars in regard to the units for the several areas, obtained by the Department in the early part of this year, should be adopted for the years 1921 and 1922.

With regard to the portion of the Fund reserved for cases of exceptional difficulty, since the amounts credited for 1920 to the different Committees were based on a direct examination of the areas concerned, there does not appear to be the same necessity for a revision of the amounts allotted for these special cases. We are informed that some additional claims for cases of special inaccessibility have been received by the Department and we consider that these further claims, which are in the aggregate small in proportion to those already considered, should be assessed on the same basis as the special claims submitted for the year 1920.

We have the honour to be, Sir, your obedient Servants,

WOODBURN KIRBY.	HOWELL E. JAMES.
*WILLIAM BAIGENT.	E. LEWYS-LLOYD.
JOHN CHOWN.	T. LINDSAY.
H. GUY DAIN.	G. F. MCCLEARY.
G. S. W. EPPS.	*W. VERNON SHAW.
ROBT. J. FARMAN.	J. P. WILLIAMS-FREEMAN.
W. GILL HODGSON.	*T. WOOD-LOCKET.

H. JERWOOD, *Secretary.*

November 28th, 1921.

* Dr. Baigent, Dr. Shaw, and Dr. Wood-Locket are members of the Committee for the purpose of the distribution of the Central Mileage Fund only. Their signatures, therefore, relate to Part II of the Report and not to Part I.

INSURANCE CERTIFICATE BOOKS.

MEDICAL practitioners are asked to note that the price of the books of 50 *National Health Insurance Certificates*, published by the British Medical Association, is now 9d. (post free), and not 6d. as formerly. The form of certificate has been altered so as to conform to the form of certificate recently issued by the Ministry of Health. It is intended for use by practitioners when attending insured persons who are not their panel patients, and who are not persons whom they are attending as medical officers of institutions under Section 15 (4) or in virtue of "own arrangements" under Section 15 (3). Applications for the *Certificate Books* should be addressed to the Financial Secretary, 429, Strand, London, W.C. 2.

COUNTY OF LONDON PANEL COMMITTEE.

AT the meeting of the London Panel Committee, on January 24th, two matters relating to the respective functions of the Insurance and Panel Committees were reported. The Insurance Committee has had under consideration the prescribing of two practitioners who practise in partnership. Out of a total of 8,600 prescriptions for mixtures, 3,262 were for one mixture, and the Insurance Committee communicated with the practitioners and asked for an explanation before communicating with the Panel Committee. After some correspondence, the question as between the two committees was put to the Minister of Health, who stated that in a case of this kind it would clearly be convenient if the Insurance Committee would obtain the observations of the Panel Committee before rather than after communicating with the practitioner, and suggested that this course should be adopted in any future cases. The second matter related to complaints by insured persons that the treatment provided by practitioners was not, in their opinion, correct. These complaints were heard by the Medical Service Subcommittee of the Insurance Committee, and this body had asked its medical members for an expression of opinion as to whether the treatment given was in fact suitable for the case. The view of the Panel Committee was that insured persons should not be allowed to make complaints based upon the correctness of diagnosis or treatment, as such questions must be matters of individual professional opinion, and that the Panel Committee's representatives on the Insurance Committee should resist attempts to raise such questions in the subcommittee, and should refuse to place their professional knowledge at the disposal of the subcommittee in such cases.

The Panel Committee considered the general question as to the advisability of practitioners employing permanent assistants, and passed a resolution expressing the opinion that the employment of assistants in suitable cases was to be recommended.

A further resolution had reference to the public health service projected at Willesden, and expressed the view—which the Panel Committee had put forward on previous occasions—that in dealing with the problems at present under discussion at Willesden, the fullest use should be made of general practitioners actually at work in the district.

COUNTY OF LONDON INSURANCE COMMITTEE.

Names on Prescription Forms.—It was reported to the London Insurance Committee on January 26th that the National Insurance auditor had stated that the Christian names or initials of insured persons prescribed for were frequently not furnished upon the prescription forms produced at the audit. Owing to the absence of this information the auditor had been unable in certain cases to identify the persons as being entitled to medical benefit. The Panel Committee was asked to arrange for the publication of a notice drawing the attention of practitioners to the fact that Christian names or initials, and also addresses, should be inserted on prescription forms. The case of any practitioner who persistently fails to comply with this requirement is to be brought to the notice of the Medical Services Subcommittee.

Change of Doctor.—The number of insured persons in the county of London who desired to change their doctor as from January 1st last was 5,040, as against 4,060 in the previous year. The number of insured persons removed from lists at the request of practitioners was 201, and the corresponding figure in 1920 was 207.

Frivolous Certification.—The case came before the Committee of an insurance practitioner who, at the request of a widow issued a certificate stating that her husband—an insured person whom he had been attending—had remained incapable of work up to and including the date of his death, and added the phrase, "and may be fit to resume work elsewhere." It appeared that the practitioner was asked by the widow for a "declaring off" certificate to submit to the approved society, and although he declared that there was no form for such a certificate in case of death, she persisted in her request, and he finally gave her the certificate complained of, adding certain words to show the absurdity of the position. The Medical Services Subcommittee took a grave view of the matter, and recommended that the disapproval of the Committee be conveyed to the practitioner. When the matter came up for discussion in the main Committee it was felt that some stronger course was desirable, and after several members, including two medical representatives, had commented upon the impropriety and callousness displayed by the writing of words so objectionable, it was unanimously resolved to report the case to the Ministry of Health.

Correspondence.

Insurance Dispensing Fee.

SIR,—The Northumberland Panel Committee at its last meeting passed a resolution supporting the dispensing panel practitioners in their opposition to any reduction in the present capitation fee for dispensing.

I add that the rural practitioners in Northumberland feel so strongly over this that it has been intimated to the Panel Committee that they will be prepared to agree upon drastic steps rather than accept reduction.

The Northumberland Panel Committee cordially approved the case for the dispensing practitioner set forth in the SUPPLEMENT of December 31st, 1921, and hope that the rural

practitioners throughout the country will make a strenuous opposition to reduction.

The chemist can buy drugs 15 per cent. cheaper than the doctor, he has fixed hours for dispensing, and very few chemists dispense on Sundays or holidays. The country doctor dispenses at all hours, and generally has to do it late at night after a long day's work. The doctor must see that his patients get their medicines. In Northumberland for generations he has used all sorts of means of getting it sent, such as carriers' carts, rural postmen, school children, etc., and he, the doctor, *has paid for the carriage*. He carries bottles himself daily to his patients, or leaves them at places on the journey to be called for. This is a side of the rural dispensing work of which the chemist sees nothing. But it means much time, attention, and worry to the doctor.

The country practitioner knows that he is under no legal obligation to do all this for insured persons, but he must do it nevertheless. It is an old and time-honoured custom. How otherwise can he give effect to the intention of insurance legislation that the principle should be that his insured patients are to be treated in the same way as his private patients? As a matter of practical working such a custom cannot well be abandoned. The rural insured person gets more medicine from his doctor than does the urban insured person from his chemist, because he gets it more easily. He has not to bother to get a prescription and then go to a chemist, whose shop may be closed, whereas the doctor's house is always open.

The cost of drugs, appliances, and dressings has not fallen sufficiently to warrant a reduction when these grounds and a comparison of drug list prices between 1913 and 1921 are taken into account.

It has been said that where a doctor pays carriage on an insured person's medicine (an 8 oz. bottle now costs 9d. to post, and in 1913 cost 3d.) he should collect it from the patient. This suggestion is wholly impracticable.

The basing of reduction to the doctor upon conditions applying to the chemist should not be admitted by the medical profession. It results in the neglect of many factors important to the medical man which do not exist in the case of the chemist.—I am, etc.,

GARFORTH DRURY,
January 27th. Secretary, Northumberland Panel Committee.

The Mileage "Cut."

SIR,—The blindest and most apathetic panel doctor must now see that recent agreements between the Insurance Acts Committee and the Ministry of Health are no better than Teutonic "scraps of paper." Had we realized the possibility of a breach of faith over the mileage grant, probably the acceptance of a reduction of the capitation fee "for patriotic reasons" would not have been so meekly borne.

The Insurance Acts Committee has undoubtedly done its best, and the panel doctor could have no stronger advocate to plead his cause than Dr. Brackenbury; but all their efforts are futile. The Minister of Health is quite willing to grant interviews—and then do just as he pleases.

I am now convinced that the policy of peaceful persuasion of the Insurance Acts Committee is useless and hopeless, and that the only argument that will appeal to the Government is that of declining to be perpetually bullied, but at the same time I am not sufficiently sanguine to think that the latter policy will ever be adopted by an apathetic profession. In view of the General Election I trust every panel doctor will have sufficient public spirit to publicly confront Coalition candidates with this latest glaring breach of faith. Personally I shall have great satisfaction in doing so, though I have always been a loyal supporter of Coalition policy.—I am, etc.,

Rothbury, Northumberland, Jan. 29th. ARTHUR S. HEDLEY.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

THE following notifications are announced by the Admiralty: Surgeon Commanders N. S. Meiklejohn, D.S.O., to the *Ajax*, A. J. Hewitt to R.N. Hospital, Plymouth, D. G. Addison Scott to the *Yarmouth* and to *Cormorant* on arrival, P. D. Ramsay to the *Yarmouth* on relief, B. S. Robson to the *Vivid* for R.N. Barracks. Surgeon Lieutenant Commander A. E. Malone to the *Antrim* (temporary). Surgeon Lieutenants R. W. Nesbitt to the *Tarantula*, F. M. Rorie to the *Greenwich*.

Surgeon Lieutenant Commander (temporary) A. Craig has been transferred to the permanent list.

Mr. G. S. Rutherford has entered as Surgeon Lieutenant for short service, and has been appointed to the *Victory* for R.N. Hospital, Haslar, for course.

ARMY MEDICAL SERVICE.

ROYAL ARMY MEDICAL CORPS.

Lieut.-Colonel and Brevet Colonel P. S. Lelean, C.B., C.M.G., retires on retired pay.

Major and Brevet Lieut.-Colonel W. P. MacArthur, D.S.O., O.B.E., relinquishes the acting rank of Lieutenant-Colonel, and has been appointed a Professor at the Royal Army Medical College, vice Lieut.-Colonel J. C. Kennedy.

Major J. Fairbairn retires on retired pay and is granted the rank of Lieutenant-Colonel.

The following Captains relinquish the acting rank of Major: T. V. Oldham, July 26th, 1919, P. J. Ryan, M.C., March 25th, 1921 (substituted for notification in the *London Gazette*, June 27th, 1921).

Temporary Captain E. G. D. Milsom relinquishes his commission, February 6th, 1920, and is granted the rank of Major (substituted for notification in the *London Gazette*, February 27th, 1920).

Temporary Captain G. F. Woodroffe relinquishes his commission and retains the rank of Captain.

To be Captains: Captain E. L. F. Nash, M.C., from R.A.M.C. (S.R.), April 1st, 1919, with seniority June 1st, 1918, and precedence next below D. N. Macleod (substituted for notification in the *London Gazette*, April 11th, 1919). Captain C. H. G. Penny, late R.A.M.C. (S.R.), November 25th, 1919, with seniority, November 24th, 1918 (substituted for notification in the *London Gazette*, November 24th, 1919). Captain W. E. K. Coles, late R.A.M.C., June 18th, 1920, with seniority, June 25th, 1918 (substituted for notification in the *London Gazette*, July 23rd, 1920). Captain D. McVicker, M.C., late temporary Captain, R.A.M.C., July 3rd, 1920, with seniority, November 18th, 1918 and precedence next below L. A. J. Graham (substituted for notification in the *London Gazette*, July 28th, 1920). Lieutenant (temporary Captain) R. A. Anderson, June 16th, 1918, with precedence next below D. S. Martin (substituted for notification in the *London Gazette*, May 24th, 1918). Lieutenant (temporary Captain G. H. Haines, M.C., September 19th, 1918, with precedence next below E. M. Townsend (substituted for notifications in the *London Gazette*, September 5th and October 5th, 1918). Lieutenant (temporary Captain G. T. Gimlette, July 4th, 1919, with precedence next below G. D. Gripper (substituted for notification in the *London Gazette*, July 5th, 1919). Lieutenant (temporary Captain) H. A. Rowell, M.C., August 13th, 1918 (substituted for notification in the *London Gazette*, September 5th, 1918). Captain A. G. G. Thompson from T.F., November 1st, 1919, with seniority, April 23rd, 1918 (substituted for notification in the *London Gazette*, December 4th, 1919). Captain A. K. Forbes M.C., late R.A.M.C., November 14th, 1919, with seniority, December 30th, 1918 (substituted for notification in the *London Gazette*, November 25th, 1919). Captain J. C. Denvir from T.F., December 1st, 1919, with seniority, December 7th, 1918 (substituted for notification in the *London Gazette*, December 20th, 1919). Temporary Captain C. M. Forster, June 1st, 1920, with seniority, July 20th, 1918 (substituted for notification in the *London Gazette*, June 22nd, 1920). Temporary Captain G. Fleming, June 1st, 1920, with seniority, May 16th, 1919, and precedence next below F. A. R. Hacker (substituted for notification in the *London Gazette*, July 6th, 1920). Temporary Captain H. A. Boyle, June 1st, 1920, with seniority, August 14th, 1919 (substituted for notification in the *London Gazette*, June 29th, 1920). Captain H. G. Dressing, M.C., late R.A.M.C., June 5th, 1920, with seniority, March 12th, 1920 (substituted for notification in the *London Gazette*, June 22nd, 1920). Temporary Captain H. S. Moore, July 1st, 1920, with seniority, April 9th, 1919 (substituted for notification in the *London Gazette*, August 17th, 1920. Captain D. Fettes, late temporary Captain, July 14th, 1920, with seniority, January 19th, 1919, and precedence next below A. J. Beveridge (substituted for notification in the *London Gazette*, August 18th, 1920). Temporary Captain (acting Major) J. F. Bourke, M.C., and to retain his acting rank, February 22nd, 1919 (substituted for notification in the *London Gazette*, March 3rd, 1919). Lieutenant (temporary Captain) T. H. Twigg, December 1st, 1919 (substituted for notification in the *London Gazette*, December 30th, 1920). Captain C. C. G. Gibson, late R.A.M.C., June 11th, 1920, with seniority, December 10th, 1919 (substituted for notification in the *London Gazette*, July 8th, 1920). Lieutenants (temporary Captains) D. W. M. Mackenzie and C. V. Macnamara.

INDIAN MEDICAL SERVICE.

The services of the following officers have been placed at the disposal of the Governments specified, with effect from the dates indicated:

Assam.—Major D. L. Graham, O.B.E., and Captain H. L. Batra, M.C., temporarily.

Bengal.—Lieut.-Colonel B. H. Deare.

Bihar and Orissa.—Major R. H. Lee, temporarily, with effect from the date on which he assumes charge of his duties.

Bombay.—Major S. J. Bhathena, temporarily, with effect from the date on which he assumes charge of his duties; Major M. S. Irani (October 5th, 1921).

Burma.—Captain A. S. Khan (temporarily).

Punjab.—Major H. C. Keates (March 23rd, 1920), Brevet Lieut.-Colonel C. A. Gill (January 31st, 1921), and Major R. T. Wells (February 1st, 1921), permanently, Major M. L. Puri, temporarily.

United Provinces.—Lieut.-Colonels: A. W. R. Cochrane (September 9th, 1916), S. A. Harriss (March 25th, 1917), H. W. Illius (October 30th, 1917), A. E. J. Lister, V.H.S. (February 26th, 1918), J. W. D. Megaw (February 1st, 1921). Major (temporary Lieut.-Colonel) H. Ross, O.B.E. (August 24th, 1918—November 11th, 1921). Majors: V. B. Nesfield, ret. (November 11th, 1918), G. A. Jolly (August 26th, 1919), A. Cameron, O.B.E. (April 19th, 1920), H. C. Buckley (April 20th, 1920), J. S. O'Neill, M.C. (July 10th, 1920), M. R. C. MacWatters (October 28th, 1920), C. H. Reinhold, M.C. (November 2nd, 1920), B. E. M. Newland (December 11th, 1920). H. P. Cook (March 9th, 1921), C. H. Barber, D.S.O. (March 19th, 1921), J. F. Boyd (September 1st, 1921), T. D. Murison for employment in Public Health Department (November 6th, 1921).

The services of Captain G. C. Maitra have been placed at the disposal of the governing body of the School of Tropical Medicine and Hygiene, Calcutta, from the date on which he assumes charge of his duties.

The services of Lieut.-Colonel J. N. Walker have been placed at the disposal of the Chief Commissioner, Delhi (October 24th, 1921).

SPECIAL RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Captain A. B. S. Drysdale relinquishes his commission and retains the rank of Captain.

Captain H. C. Sinderson is seconded for service under the Iraq Civil Administration, March 27th, 1919.

TERRITORIAL FORCE.

ROYAL ARMY MEDICAL CORPS.

Captain T. H. Richmond, O.B.E., to be Major.

Captains relinquish their commissions and retain the rank of Captain: W. Taylor, M.C., H. Watts-Taylor, L. A. Celestin.

To be Captains: Captain R. Wayland Smith (late R.A.M.C.), with precedence as from February 15th, 1918, Captain G. Adam (late R.A.M.C.).

The following officers, having attained the age limit, are retired, September 30th, 1921, and retain their rank, except where otherwise stated: Lieut.-Colonel J. T. Thomas, T.D., with permission to wear the prescribed uniform. Major (Brevet Lieut.-Colonel) H. Skelding, T.D., with permission to wear the prescribed uniform. Majors C. R. Bishop, T.D., G. Wilson, T.D., and A. Price, T.D., with permission to wear the

prescribed uniform. Captain J. G. F. Hosken, and is granted the rank of Major. Captains E. F. Ross, C. M. Mitchell, F. W. Burn, R. U. Moffat, C.M.G., H. F. J. Graves, G. A. Brogden, J. A. Hartley, G. S. Hughes, E. H. Gonin, H. C. Barr, R. L. Thomas, and J. S. Hall.

The following officers relinquish their commissions and retain their rank, except where otherwise stated: Major P. G. Williamson, M.C., and is granted the rank of Lieutenant-Colonel, with permission to wear the prescribed uniform; Captain C. C. Fitzgerald, Captain F. H. C. Watson, and is granted the rank of Major; Major L. P. Gamgee (1st Southern General Hospital).

TERRITORIAL ARMY RESERVE.

ROYAL ARMY MEDICAL CORPS.

Captain N. W. Kidston, from General List, R.A.M.C., to be Major.

Captain R. L. Routledge, having attained the age limit, is retired and retains the rank of Captain.

DIARY OF SOCIETIES AND LECTURES.

HARVEIAN SOCIETY, St. Mary's Hospital, Paddington.—Thurs., 4.30 p.m., Clinical Meeting.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.1.—Wed., 9 p.m., Second Lettsomian Lecture by Sir Leonard Rogers: Amoebic Liver Abscess: its Pathology, Prevention and Cure.

MIDDLESEX HOSPITAL MEDICAL SCHOOL, W.1.—Tues., 3 p.m., Emeritus Lecture by Sir John Bland-Sutton: The Choroid Plexuses of the Brain and Psammomas.

RÖNTGEN SOCIETY, Institution of Electrical Engineers, Savoy Place, W.C.—Tues., 8.15 p.m., Papers and Demonstrations of Apparatus.

ROYAL SOCIETY OF MEDICINE.—*Section of Tropical Diseases and Parasitology:* Mon., 8.30 p.m., Dr. J. B. Christopherson: "Blue Bodies" seen in Leishmaniasis. Dr. J. Forest Smith: Amoebic Abscess of Liver. Dr. M. Khalil: Morphology of the Cercaria of *Schistosoma mansoni*. Dr. F. J. Harper: Danger of Bilharziasis in Clearing out Egyptian Canals. *Section of Orthopaedics:* Tues., 4.45 p.m., Special General Meeting: Report of President and Council on the formation of Section of Orthopaedics; 5 p.m., Clinical Meeting; Cases: 5.30 p.m., Opening Address, Mr. Laming Evans (President): Recent Advances in Orthopaedic Surgery; Discussion of Cases. *Section of Pathology.*—National Institute for Medical Research, Mount Vernon, Hampstead, N.W.3, Tues., 8.30 p.m., Dr. J. H. Burn: Pilocarpine and Sweating. Dr. H. H. Dale and Dr. C. H. Kellaway: Anaphylaxis and Anaphylatoxins. Mr. C. Dobell: Specimens of Intestinal Protozoa of Man. Captain S. R. Douglas: (1) Demonstration of *B. diphtheriae* in Tissues; (2) Culture Medium for *B. diphtheriae*. Mr. W. J. Purdy: Sections from Haemochromatosis. *Section of Surgery, Subsection of Proctology:* Wed., 5 p.m., Cases and Specimens. 5.30 p.m., Mr. W. B. Gabriel and Mr. J. P. Lockhart Mummery: Second Primary Carcinoma of Colon. Mr. W. E. Miles: Adenomyoma of Uterus invading Recto-Vaginal Septum and Pelvic Colon. *Section of Neurology:* Thurs., 8.30 p.m., Dr. F. Buzzard: Traumatic and Toxic Ulnar Neuritis. *Clinical Section:* Fri., 5.30 p.m. 5 p.m., Cases. *Section of Ophthalmology:* Fri., 8 p.m., Cases. 8.30 p.m., Miss I. C. Mann: Morphology of Developmental Structures associated with Choroidal Fissure. Dr. H. J. May and Mr. F. A. Williamson-Noble: Choroidal Sarcoma.

POST-GRADUATE COURSES AND LECTURES.

CHESTERFIELD DIVISION, BRITISH MEDICAL ASSOCIATION, Chesterfield Royal Hospital.—Fri., 2.30 to 4 p.m., Professor Connell: Fractures; Dr. Hallam: Skin Diseases in Infancy.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION, Royal Asylum, Gartnavel, Wed., 4.15 p.m., Dr. D. K. Henderson: Mental Cases.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Thurs., 4 p.m., Dr. Langmead: Anomalous Oedemas.

MANCHESTER ROYAL INFIRMARY.—Tues., 4.30 p.m., Dr. F. Craven Moore: Flatulent Dyspepsia.

MANCHESTER: ST. MARY'S HOSPITALS (Whitworth Street West Branch).—Fri., 4.30 p.m., Dr. Fletcher Shaw: The Toxaemias of Pregnancy.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.—Daily, In- and Out-patient Attendances. Mon., 5.30 p.m., Lecture by Dr. Parkinson: Complications of Heart Disease.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.1.—Mon., Tues., Thurs., and Fri., 2 p.m., Out-patient Clinics; Tues. and Fri., 9 a.m., Surgical Operations. Lectures.—Mon., 12 noon, Dr. Greenfield: Reactionary Changes in the Central Nervous System; 3.30 p.m., Dr. Aldren Turner: Paraplegia; Tues., 3.30 p.m., Dr. Risien Russell: Disseminated Sclerosis; Wed., 3.30 p.m., Mr. Leslie Paton: Ocular Palsies; Thurs., 3.30 p.m., Dr. Bailey: Muscular Testing by Electrical Methods; Fri., 3.30 p.m., Mr. Sargent: Pituitary Tumours.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.15.—Daily, 2.30 p.m., In- and Out-patient Clinics, Operations, etc. Lectures: Mon., 3.30 p.m., Dr. L. Yealland: Examination of the Nervous System—Cranial Nerves. Tues., 2.30 p.m., Dr. J. Metcalfe: X-ray Examination in Chest Diseases. Thurs., 4.30 p.m., Mr. H. W. Carson: Intestinal Obstruction.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, W.C.—5 p.m., Mon., Hunterian Lectures, Professor A. H. Todd: Orthopaedic Aspects of Rheumatoid Arthritis; Wed., Professor A. G. Timbrell Fisher: Pathology and Etiology of Osteo-arthritis; Fri., Professor C. A. Pannett: Hydronephrosis.

ROYAL INSTITUTE OF PUBLIC HEALTH, 37, Russell Square, W.C.—Wed., 4 p.m., Dr. L. Cobbett: The Rôle of the Three Types of Tubercle Bacilli in Human and Animal Tuberculosis.

ST. JOHN'S HOSPITAL, 49, Leicester Square, W.C.—Thurs., 6 p.m., Chesterfield Lecture by Dr. W. Griffith: Skin Eruptions of Syphilis.

ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, W.1—Dr. E. Pritchard, Wed., 6 p.m.: Causes of Infant Mortality; Fri., 6 p.m., How to Conduct an Infant Consultation, etc.

SALFORD ROYAL HOSPITAL.—Thurs., 4.30 p.m., Dr. Bythell: X-ray Diagnosis of Chest Lesions with Demonstrations.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith, W.—Daily, 10 a.m., Ward Visits; 2 p.m., In- and Out-patient Clinics and Operations. Lectures:—5 p.m., Mon., Dr. A. Saunders: Syphilis and Tubercle of the Liver. Tues., Mr. Addison: Tumour of Bone. Wed., Mr. Armour: Practical Surgery. Thurs., Sir J. Collie: Medico-legal Aphorisms. Fri., Mr. MacDonald: Enlarged Prostate.

British Medical Association.

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Diary of the Association.

FEBRUARY.

3 Fri. Chesterfield Division, Chesterfield Royal Hospital Board Room, Post-Graduate Classes, 2.30 to 4 p.m.

7 Tues. Coventry Division, Coventry and Warwickshire Hospital, 8.30 p.m.

Hastings Division, East Sussex Hospital, 8.30 p.m.

Kingston-on-Thames Division, Surbiton Cottage Hospital, 8.45 p.m.: Address by Mr. J. Cunning on Some Conclusions in Abdominal Surgery.

8 Wed. Chesterfield Division: Annual Dinner, Falcon Restaurant, Low Pavement, Chesterfield, 8 p.m. Address by the Medical Secretary, 9 p.m.

Lancaster Division: B.M.A. Lecture by Dr. T. Eastham, on "Medical Men and their Legal Difficulties."

West Dorset Division, Dorset County Hospital, 2.30 p.m.—B.M.A. Lecture by Dr. J. S. Fairbairn: What disability is caused by and what treatment is required for uterine displacement?

9 Thurs. Hampstead Division: Hampstead General Hospital, 8.30 p.m.

10 Fri. Chesterfield Division: Chesterfield Royal Hospital.—2.30 to 4 p.m., Post-graduate Classes.

East Yorks Division, Hull.—B.M.A. Lecture by Sir Frederick Mott: The Reproductive Organs in Relation to Mental Disorders.

South Essex Division, Hotel Victoria, 8.15 p.m.: Paper by Dr. F. W. Price on Recent Advances in the Diagnosis, Prognosis, and Treatment of Heart Disease.

APPOINTMENTS.

ANDERSON, A. Greig, M.D.Aberd., Medical Officer to the Morningfield Hospital for Incurables, Aberdeen.

CROLL, W. F., M.D.Aberd., Physician to the Aberdeen Royal Infirmary.

GOUGH, Alfred, Ch.M.Leeds, F.R.C.S., Honorary Surgeon to the Leeds Public Dispensary.

MANCHESTER ROYAL INFIRMARY.—The following appointments have been made:—Assistant Medical Officer: J. D. Byrd, M.R.C.S.Eng., L.R.C.P.Lond. Resident Medical Officer (Barnes Convalescent Hospital): B. L. Lloyd, M.B., Ch.B.Vict. Senior Medical Officer (Central Branch): Miss Margaret B. Martin, M.B., Ch.B.Edin. House-Physicians: V. Chadwick, M.B., Ch.B.Vict., W. E. Powell, M.B., Ch.B.Vict., H. E. Emmett, M.B., Ch.B.Vict., S. Waterworth, M.B., Ch.B.Vict. Senior House-Surgeon (Special Departments): R. Williamson, M.B., Ch.B.Vict. Senior House-Surgeons: G. V. Ashcroft, M.B., Ch.B.Vict., L. Potter, M.B., Ch.B.Vict. Junior House-Surgeons: W. L. Martland, M.B., Ch.B.Vict., W. Geraghty, M.B., Ch.B.Vict., N. S. Craig, M.B., Ch.B.Vict., O. M. Duthie, M.B., Ch.B.Vict., G. H. Buckley, M.B., Ch.B.Vict.

SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—The following residents have been appointed:—C. H. Jaede, M.B., Ch.M.Syd., W. M. MacPhail, M.B., Ch.B.Edin., A. J. Hawes, M.C., M.B., Ch.B.Aberd., D.P.H.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., *which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.*

BIRTHS.

ANDERSON.—On January 25th, at 5, Albyn Terrace, Aberdeen, the wife of William Anderson, O.B.E., F.R.C.S.Ed.—of a daughter.

MUSGRAVE WOODMAN.—On 26th January, at 132, Hagley Road, Edgbaston, Birmingham, the wife of E. Musgrave Woodman, M.S., F.R.C.S.—a son.

MARRIAGE.

PATTERSON—FARR.—On the 30th January, at St. Thomas's Church, Portman Square, by the Rev. G. F. Ford, Captain A. F. I. Patterson, D.S.O., R.A.M.C., to Alice Kathleen, eldest daughter of the late J. T. Farr of Staunton Grange, Notts.

DEATHS.

BULLMORE.—On the 17th January, at 12, North Brink, Wisbech, Hilda Maud, the wife of E. A. Bullmore, F.R.C.S.Ed., aged 48.

HOLDER.—On January 22nd, at 50, Holderness Road, Hull, William Holder, M.R.C.S., L.S.A., in his 74th year.

OSBORNE.—January 24th, at the Grove, Old Catton, Norwich, and of Lindville, Cork, Ireland, Cecil A. P. Osborne, F.R.C.S.E., aged 66 years.

PEDLEY.—On the 13th January, at Bridge House, Rangoon, suddenly of heart failure, Thomas Franklin Pedley, M.D., V.D., K.I.H., eldest son of the late George Pedley, of The Haven, Sutton, Surrey, aged 67. (By cable.) R.I.P.

STEWART SMITH.—At Ardestie, Northwood, on January 20th, 1922, Florence, the beloved wife of M. Stewart Smith, M.B., B.S.Lond.

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